

Child Care Provider Denial Notice
CC-1626A rev. 1-98

Date of Mailing: _____

Local DCF Office: _____

TO:

FROM:

Phone Number: _____

OUR AGENCY HAS CONSIDERED YOUR REQUEST AND/OR COMPLETED A REVIEW OF YOUR MOST RECENT OPERATIONAL PLAN FOR PURCHASE OF SERVICES.

Our agency will not enter into an agreement to purchase child care services from you at this time.

REASONS FOR DENIAL HAVE BEEN MARKED WITH AN "X".

- () License or Certificate of registration has expired.
- () License or Certificate of registration has been terminated.
- () Failure to respond to attempted contacts by agency.
- () Provider's request.

Other Agency Decision _____

COMMENTS: See KEESM 10030 _____

DCF must receive a written request for a Fair Hearing within 30 days of the above date. _____

IF YOU DISAGREE WITH THIS ACTION, YOU HAVE A RIGHT TO A FAIR HEARING.
CONTACT THE AGENCY IMMEDIATELY FOR INSTRUCTIONS ON HOW TO FILE.

DCF Staff Signature

Date

